Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LONG TERM CARE LAPSE & REPLACEMENT 09

Project Name/Number: /

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: LONG TERM CARE LAPSE & SERFF Tr Num: UNAM-126732102 State: Arkansas

REPLACEMENT 09

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 46267 Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed

Filing Type: Advertisement Reviewer(s): Marie Bennett, Harris

Shearer

Implementation Date:

Author: Alicia Phillips-Guiler Disposition Date: 07/28/2010
Date Submitted: 07/21/2010 Disposition Status: Filed

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/28/2010 Explanation for Other Group Market Type:

State Status Changed: 07/28/2010

Deemer Date: Created By: Alicia Phillips-Guiler

Submitted By: Alicia Phillips-Guiler Corresponding Filing Tracking Number:

Filing Description:

Long-Term Care Lapse and Replacement Report – Reporting Year 2009

In compliance with your state's annual reporting requirements, we submit the above-referenced report.

Should you have any questions, please contact me at 407-444-4355, or Aguiler@universalamerican.com.

Sincerely,

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LONG TERM CARE LAPSE & REPLACEMENT 09

Project Name/Number: /

Alicia P. Guiler

Senior Compliance Analyst

Company and Contact

Filing Contact Information

Alicia Guiler, AGuiler@uafc.com

P.O. Box 958465 407-628-1776 [Phone] 8334 [Ext]

Lake Mary, FL 32795-8465 407-628-9021 [FAX]

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas

1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001 Group Name: State ID Number:

Lake Mary, FL 32746 FEIN Number: 48-0557726

(407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

SERFF Tracking Number: UNAM-126732102 State: Arkansas

Filing Company: The Pyramid Life Insurance Company State Tracking Number: 46267

Company Tracking Number:

TOI: LTC06.000 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LONG TERM CARE LAPSE & REPLACEMENT 09

Project Name/Number: /

The Pyramid Life Insurance Company \$0.00 07/21/2010

Company Tracking Number:

TOI: LTC06.000 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LONG TERM CARE LAPSE & REPLACEMENT 09

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	07/28/2010	07/28/2010

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LONG TERM CARE LAPSE & REPLACEMENT 09

Project Name/Number: /

Disposition

Disposition Date: 07/28/2010

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LONG TERM CARE LAPSE & REPLACEMENT 09

Project Name/Number: /

Schedule Item Schedule Item Status Public Access

Supporting Document LTC LAPSE & REPLACEMENT 09 Yes

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LONG TERM CARE LAPSE & REPLACEMENT 09

Project Name/Number:

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: LTC LAPSE & REPLACEMENT 09

Comments:

Attachment:

AR-LTC LAPSE & REPL PYR 09.pdf





July 19, 2010

Life and Health Division Arkansas Department of Insurance 1200 W. Third Street Little Rock, AR 72201-1904

RE: THE PYRAMID LIFE INSURANCE COMPANY

NAIC #68284

Long-Term Care Lapse and Replacement Report – Reporting Year 2009

In compliance with your state's annual reporting requirements, we submit the above-referenced report.

Should you have any questions, please contact me at 407-444-4355 or aguiler@universalamerican.com

Sincerely,

Alien P. Smiller

Alicia P. Guiler

Senior Compliance Analyst



Long-Term Care Insurance Replacement and Lapse Reporting Form

For the State of _	HVKANSAS	_ Fo	or the Reporting Year of 2009
Company Name: Company Addres Contact Person:	fyramid Life 1001 Heathro Alicia P. Gu	INSUNANCE PONKLA LILET	Due: June 30 annually Company NAIC Number: 67284 Phone Number: (107-444-435-
Instructions			
of long-term care lapses of long-ter tables below show of replacements a	insurance replacement sate insurance replacement sate in care insurance policies so life be used to report the ten	nsurer shall maintain rec s as a percent of the ag lid by the agent as a per percent (10%) of the insi	regarding long-term care insurance policy ords for each agent on that agent's amount ent's total annual sales and the amount of cent of the agent's total annual sales. The precise agents with the greatest percentages
		at rescentage of Kepta	cements
Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Ager	Number of Replacements As % of Number Sold By This Agent
N/A -			
isting of the 10%	of Agents with the Greate	st Percentage of Lapses	
Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % of Number Sold By This Agent
N/A-	E A		
ercentage of Repl <u> Ø</u> % ercentage of Laps	ed Policies to Total Annual S	icies in Force (as of the e	nd of the preceding calendar year) receding calendar year) _ O %